

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1225

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

FOR OFFICE USE ONLY

Postmark Date: 4/2/08

Ren-08

q/h # 10417

\$11000

1072181

1. NAME Stolier Jack M
Last First MI

2. BUSINESS PHONE (504) 561-1044
Area Code and Phone Number

3. BUSINESS ADDRESS 909 Poydras Street, Suite 2600, New Orleans, LA 70112
Street and No. City State Zip

MAILING ADDRESS same
Street and No. City State Zip

4. EMPLOYER Sullivan, Stolier & Resor, APLC

5. EMPLOYER'S ADDRESS 909 Poydras Street, Suite 2600, New Orleans, LA 70112
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Rural Hospital Coalition, Inc.

Address 14116 Denham Road, Pride, LA 70770

Business or purpose Association of small rural hospitals

Does this person pay you? NO

If No, who pays you? company contract with Rural Hospital Coalition, Inc.
(Company name - Sullivan, Stolier & Resor, APLC)

LOBBYING REGISTRATION FORM

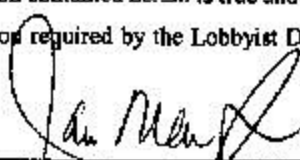
1225

Lobbyist's Registration Number

2. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
3. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
4. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist

